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ABSTRACT

Although the 1996 federal welfare reform law exhorts states to reduce teen and out-of-wedlock births, preliminary field research has found few links between welfare reform and pregnancy prevention, and the ones that do exist are often tenuous, hard to believe, and difficult to assess. States have established new and stronger connections between welfare and employment services under welfare reform, but creating welfare programs that explicitly stress pregnancy prevention has been inhibited by several factors. There is little consensus on how to prevent teen and out-of-wedlock births, not just as a practical matter but also as an ethical and political issue. This divisiveness has led most states to devolve critical questions about the design of such programs down to local and community levels. Also, the health agencies that have traditionally administered pregnancy prevention programs have usually not worked closely with welfare agencies in the past. And the federal reforms provide few incentives for states to create strong linkages. Nonetheless, there is an opportunity here for leaders and groups committed to teen pregnancy prevention, regardless of the approach they favor, to forge creative linkages to welfare/employment bureaucracies. (Author)

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Is There a Link Between Welfare Reform and Teen Pregnancy?

Richard P. Nathan, Paola Gentry, and Catherine Lawrence

Abstract

Although the 1996 federal welfare reform law exhorts states to reduce teen and out-of-wedlock births, preliminary field research has found few links between welfare reform and pregnancy prevention, and the ones that do exist are often tenuous, hard to describe, and difficult to assess. States have established new and stronger connections between welfare and employment services under welfare reform, but creating welfare programs that explicitly stress pregnancy prevention has been inhibited by several factors. There is little consensus on how to prevent teen and out-of-wedlock births, not just as a practical matter but also as an ethical and political issue. This divisiveness has led most states to devolve critical questions about the design of such programs down to local and community levels. Also, the health agencies that have traditionally administered pregnancy prevention programs have usually not worked closely with welfare agencies in the past. And the federal reforms provide few incentives for states to create strong linkages. Nonetheless, there is an opportunity here for leaders and groups committed to teen pregnancy prevention, regardless of the approach they favor, to forge creative linkages to welfare employment bureaucracies.

The main lesson so far from our implementation research on the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 is straightforward on the question of linkages between welfare reform and teen pregnancy prevention:

- *There are no links in most places, or at least only very limited ones. Even where a link does exist, it is often tenuous and extremely hard to describe, much less to assess its impact.*

The Rockefeller Institute 20-state study of the implementation of the 1996 Act provides four subsidiary management lessons that apply to this topic.

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- *First*, we find a definite, strong move to devolution for domestic policy, one that applies broadly to welfare, employment programs, and services related to employment, such as child care and transportation.
- *Second*, we find extensive *second-order and tertiary devolution*, that is, the assignment of increased responsibilities for devising strategies and setting up systems to combat family dependency to local governments, local offices of state agencies, and private groups (often nonprofit organizations).
- *Third*, in the highly sensitive area of teen pregnancy prevention, this push to localize and decentralize is *very powerful*. This political hot potato is regularly tossed to local leaders and groups because the values and attitudes involved are so diverse in this country. In liberal communities, providing contraceptives and even abortions is accepted. In others, they are a source of great friction.
- *Fourth*, the institutions and agencies responsible for preventing teen pregnancy and out-of-wedlock births do not connect well or easily with welfare and employment bureaucracies even in communities where liberal attitudes prevail on pregnancy prevention. Welfare and employment bureaucracies are increasingly linked all over the country (though their relations are often tense, usually because their activities are increasingly intertwined). As a generalization that stands out from our field data, neither of these two major types of agencies — welfare or employment agencies — have close ties with health agencies or local public health clinics, particularly family planning clinics.

This problem — the lack of connections between welfare and employment and health agencies and organizations — *provides an opportunity*. The opportunity is for leaders and groups committed to teen pregnancy prevention, regardless of the approach they favor, to forge linkages to welfare/employment bureaucracies. So far, we find little inclination to do this from our field research.[1] The U.S. General Accounting Office reported similar findings, saying the Personal Responsibility Act has had a "limited effect" on teenage pregnancy prevention.[2]

Of course, saying bureaucratic linkages are key next steps is a lot easier than taking them. However, if one stipulates that a purpose of the new welfare is to reduce teen pregnancy and out-of-wedlock births — as the law so strongly states — the clear and present need is to do precisely this: make connections. Public agencies and foundations that care about this policy objective — however they wish to achieve it — would benefit by building relationships at the ground level between health agencies and welfare/job systems.

The new five-syllable word we use in our research on the new welfare is *connectivity*. Controversies have arisen about connectivity among social programs as TANF cash-assistance becomes ever more focused on jobs. The biggest controversies have been the possible effects of the large reductions in welfare rolls on participation in food stamps and Medicaid, programs which have also shown recent declines in enrollment. This connectivity idea, however, is even broader. It involves not only income support and job programs for families but also child care, transportation, and a range of social, family, and children's services intended to enhance family self-sufficiency. The lack of connectivity in the case of teen pregnancy prevention is *the most striking* among all the areas that could be keys to helping poor families become and remain stable, healthy, and independent.

For the past year, the Rockefeller Institute of Government and the U.S. General Accounting Office have conducted a *"Working Seminar on Social Program Information Systems,"* a permanent group that meets quarterly on the nuts and bolts of social program connectivity. The overarching agenda of the Working Seminar is *service integration*. For years, people have talked about holistic strategies to overcome the bureaucratic separation of social program fiefdoms. Technology provides the power to make these connections at the front lines. Some states are well down this road. Teen pregnancy prevention, however, is not on this screen — either figuratively or literally.

Work Is the Focus of the New Welfare.

The Personal Responsibility Act was intended to discourage welfare receipt and promote job preparation, work, and marriage as well as prevent and reduce out-of-wedlock births and teen pregnancies. As our first report on state and local implementation of the Act shows, governors and state legislators have adopted welfare reforms that strongly signal the importance of one of these two objectives: work. This is often done with enthusiastic and bipartisan political coalitions. In contrast, we have not found similar widespread enthusiasm for the Act's antireproduction goals. Legislative proposals and often tentative administrative policy initiatives to change sexual behavior have been advanced in some states, but often they are dropped, watered down, or de-emphasized before legislation has been passed or broad executive orders promulgated. Of course, this issue elicits some very controversial attitudes and proposals that probably cannot generate broad support in any state. In Mississippi, for example, the state's original welfare reform bill in 1992 included provisions calling for Norplant implants for AFDC recipients with four or more children and a thousand dollar "reward" to women who married and left the rolls, but these components were eventually dropped from the bill before it was enacted into law (Mississippi Field Research Report, 1998).

Overall, the political problems in this field are the obvious ones. While there may be consensus on the wisdom and desirability of preventing pregnancies among teens and out-of-wedlock births generally among the TANF-eligible population, *there is no consensus on how to do it*. The essential issue involves *moral values*, disagreements about how to prevent teen pregnancy and out-of-wedlock births. The basic divide is between abstinence and the distribution of contraceptives. In Utah, front-line workers are not allowed to discuss birth control options with welfare clients. In Washington State, on the other hand, field reports indicate that front-line workers do not feel it is appropriate to discuss such personal issues with clients, even though state policy is permissive in this respect. One New York City official commented to our field researcher, "Ninety percent of our workers are themselves single parents and identify on that point with their clients" (New York State Field Research Report, 1998). In the world of welfare, this subject tends to be off limits.

Although the basic fissures are cultural, the disagreements are compounded by a lack of scientific knowledge. Teen pregnancies have gone down since 1991 after climbing steeply in the late 1980s, and the drop has been especially pronounced for second births to teens.[3] Although these trends seem to be related to changes in teen sexual activity and the use of contraceptives, not much is known about why sexual behavior and contraceptive use have changed, making it very difficult to know what kind of program would maintain or accelerate the declines in the rates of teen pregnancy and teen out-of-wedlock births. Nor is it well understood why both rates are still strikingly high in the United States.[4]

Given this uncertainty and deep clashes over values, most states favored indirect approaches to reducing teen and out-of-wedlock pregnancies. Changes in reproductive behavior were often treated as expected side-effects of policies that could be justified for other reasons. Our research team in Wisconsin put it this way:

> Certainly the architects of W-2 expect the program over time to reduce non-marital births, mostly because mothers can no longer receive cash assistance without working and because teen parents must live in an adult-supervised setting to receive W-2 services or support. . . . But reduction in out-of-wedlock pregnancies is a hoped-for by-product of W-2. . . . *The program has no components aimed exclusively at the issue, and W-2 agencies have no formal role in preventing out-of-wedlock pregnancies.* (Wisconsin Field Research Report, 1998; emphasis added.)

Nine states in our sample created task forces on teen pregnancy prevention to deal with this subject, a familiar tactic to put off action in sensitive, controversial policy areas. While many aspects of this policy area are controversial, some provisions of the 1996 welfare reform legislation were rather quietly enacted; for example, the requirements that teen mothers live at home or in an adult supervised setting and that they stay in school.

Some states are trying to find a middle ground that is not ideologically charged, an approach that offends neither liberals nor conservatives. In West Virginia, for example, there is a marriage incentive, a ten percent increase in the monthly cash grant for two-parent families.[5] The relative popularity of family caps — twenty

states now have them — reflects the same purpose, i.e., to discourage the birth of additional children without specifying how those births are to be prevented. However, the politically attractive ambiguity of this approach may not last. Recent studies of the effects of family caps in New Jersey conducted by researchers at Rutgers University suggest they may increase the incidence of abortions, thus casting doubts on their political acceptability.[6]

The Devolution Is in the Details

The Personal Responsibility Act complicates this value-reconciliation challenge. It makes $250 million available over five years for abstinence-only education programs to be administered by the states. There is a detailed set of regulations that must be followed to obtain this money. To be funded, a program must:

1. Have as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. Teach that abstinence from sexual activity outside marriage is the expected standard for all school-age children;
3. Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
4. Teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
5. Teach that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
6. Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
7. Teach the importance of attaining self-sufficiency before engaging in sexual activity.[7]

Most states have applied for and received their allotments under this grant, but it is not clear that they will actually use the money. Many state officials see the abstinence-only program requirements as restrictive. In the opinion of one state official, "few projects will be able to implement faithfully all components of the definition in the law."[8] The provision, which requires abstinence programs to teach that "a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity," has come under the most scrutiny. In addition, some state officials have told our field researchers they are wary about setting aside money for abstinence education because there are few studies that have linked abstinence programs with the reduction in out-of-wedlock births, although the U.S. Department of Health and Human Services is currently supporting evaluations of abstinence programs.[9] Finally, to use abstinence-only funds, the state needs to match every four federal dollars with three state dollars. This matching requirement has proven difficult in some states, in part because of the fear that the money used for abstinence education competes or conflicts with funding for other efforts to prevent teen pregnancies and out-of-wedlock births.

Imposing requirements on the states to take steps to prevent teen pregnancy is not new, though the emphasis on abstinence is. In 1967, a law was enacted that required states to offer family planning services "in appropriate cases" to recipients of Aid to Families with Dependent Children (AFDC), for the purpose of "preventing or reducing the incidence of births out of wedlock." The 1972 amendments explicitly included sexually active minors in the definition of "appropriate cases," and required that family planning services be "provided promptly" to all who requested them.[10] The 1972 amendments also established a penalty if states failed to comply with these requirements and provide family planning services under Medicaid.[11] The requirement that AFDC clients be given information on family planning remained on the books until it was repealed by the 1996 welfare law.

In addition to the abstinence-only emphasis in the 1996 Act, there are financial incentives to states tied to pregnancy prevention. Two bonuses provided in the Act are to be given to the states with the best performance. The first is the "Bonus to Reward High Performance States." Beginning in 1999, the federal government will reward states that best achieve the purposes set forth by the Personal Responsibility Act (all of the goals, not just those related to reproduction-reduction). Standards for this bonus were established by the Secretary of the U.S. Department of Health and Human Services in consultation with the National Governor's Association and the American Public Welfare Association, now the American Public Human Services Association. One of the four goals on which performance bonuses are based is the reduction of out-of-wedlock births. One hundred million dollars per year will be available for fiscal years 1999 and 2000. In addition, a specific "Bonus to Reward a Decrease in Illegitimacy" makes $100 million available, to be shared by the five states that demonstrate the greatest reductions in out-of-wedlock births. To qualify for the bonus, states must demonstrate that the abortion rate is less than the FY 1995 level. It is important to note that both of these bonuses are directed at the state's *entire* population, not only teens or welfare recipients. These financial incentives, however, do not appear to be promoting active policy initiatives and administrative linkages between welfare and pregnancy prevention, although states are happy to receive the money if they happen to win.

A significant institutional barrier to linking pregnancy prevention and welfare/job programs is the fact that pregnancy prevention programs are administered by health agencies, local health clinics, family planning clinics, and education departments — not welfare agencies. These agencies typically concentrate their efforts in low-income communities, but the missions and mechanisms involved do not directly tie into the welfare/job system. Historically, pregnancy prevention has been funded by the federal government under the Title X Family Planning Program and public health and education laws to achieve reductions in infant mortality or high school drop-out rates for pregnant and parenting teens.

Because political disagreements over *how* to prevent teen pregnancy — and thus how to make connections between programs and program bureaucracies — are often less strong within communities than within states, most states have devolved pregnancy prevention functions downwards in connection with the 1996 welfare reform act. Teen pregnancy prevention shows the highest degree of second-order devolution of the four basic welfare-related service functions we examined. As Table 1 demonstrates, state agencies perform a relatively weak role in managing pregnancy prevention activities when compared to their roles in the administration of cash assistance or employment and training services. In our research sample, fewer than half of the state governments play an important role in delivering pregnancy prevention services, and only two out of three state governments exercise significant control over the administrative design of such programs. One out of four states have no important policy-making function in this area. Even among the states that retain significant control over policy, they often share that power with a wide variety of local institutions, including local public health agencies, public schools, and private nonprofit agencies.

This downward shift in program responsibility may reduce some obstacles, but it creates others. Devolution down to localities may allow for greater flexibility and community involvement, but it can also decimate the budget for such programs. For example, Ohio tried to create a teen-pregnancy prevention bonus modeled after the federal one and was unsuccessful. Despite the fact that there is a state-provided incentive payment for the top performing counties in reducing out-of-wedlock births, we were told that Hamilton County (Cincinnati) "downplayed the minimal amount of incentive money . . . people interviewed were doubtful that the county could do much to affect out-of-wedlock pregnancy and stressed that the financial rewards are too small for the county to expend much energy developing a program" (Ohio Field Research Report, 1998).

Although site-specific actions in this policy area were not found to be widespread, several field researchers did identify cases of connectivity of welfare/job and teen pregnancy prevention efforts.

- In Washington State, welfare offices have family planning nurses on staff. Eight of fifty welfare offices are co-located with a family planning clinic. While funding has increased for family planning under TANF, these connections are not new.

- Florida has mapped out a long-term strategy that includes the implementation of a statewide protocol for the referral of clients to family planning services. Eventually, steps are to be taken so that family planning services are integrated with work activities. Currently, some WAGES

Table 1. Devolution Of Pregnancy Prevention Program Functions to Local Governments, Public Institutions, and Private Agencies

Percent of states indicating that various institutions perform a significant role in policy-making, administrative design, and service delivery for pregnancy prevention, employment and training, and cash assistance programs

Institution	*Pregnancy Prevention*	*Employment and Training*	*Cash Assistance*
	Policy Making		
State government	*74*	*100*	*100*
Local government	27	26	21
Other public institutions	32	16	0
Statewide nonprofits	13	0	5
Local nonprofits	7	5	21
	Administrative Design		
State government	*63*	*95*	*95*
Local government	21	32	37
Other public institutions	32	21	0
Statewide nonprofits	5	11	0
Local nonprofits	11	5	11
	Service Delivery		
State government	*42*	*74*	*58*
Local government	53	47	37
Other public institutions	47	74	0
Statewide nonprofits	40	47	11
Local nonprofits	47	68	26

Source: Field Research Reports, State Capacity Study, 1998.
Note: Data from nineteen states are included in the table. "State government" includes local as well as central offices of state agencies. "Other public institutions" includes school districts, community colleges, public hospitals, and so on.

("Work and Gain Economic Self Sufficiency") coalitions have designated a staff member to coordinate pregnancy prevention programs within their region.

- In Georgia, as part of the eligibility process, family members identified as needing information regarding family planning are to be referred to services. The state plan includes a list of personal responsibility requirements that may, for example, include requiring family planning counseling as well as participation in parenting classes for all teens whether or not they are parents. Recent controversy appears to have dampened the early enthusiasm for implementing this requirement. Nevertheless, in Bibb County, Georgia, we found that a family planning clinic is located just outside the welfare office and workers make frequent referrals. In Fulton County, Atlanta, one welfare office has on-site family planning services.

These examples are more the exception than the rule. We are continuing these local field observations and also considering launching a special review of implementation activities in this policy area for the second round of our 20-state field research.

The Conclusion — A Policy Quandary

At a conference last year at the American Enterprise Institute on teen pregnancy prevention, Douglas Besherov, the convenor, summarized the overall situation by citing "deep ambivalence" in this policy area. Jason Turner, Commissioner of the New York City Human Resources Administration, who also spoke at this conference, agreed to the "lack of a consensus" not about whether to reduce teen pregnancy — but how. On television, there are constant reminders that the popular culture signals one way and the political culture gives decidedly different signals.

Government can do many things, but it cannot do things that are out of sync with public values, or when public values are highly conflicted. For social policy in America, signals have changed. This is clearly the case in one of the two main policy areas emphasized in the 1996 law — the work area. In this area, the national consensus has been consistently loud and clear in favor of work instead of welfare. But in the other area where the signaling of the 1996 Act is even stronger, this is not the case — namely, for the virtually hortatory purposes of the 1996 law to promote marriage and reduce teenage pregnancy and out-of-wedlock births. Herein lies the quandary ("a state of perplexity and doubt") of welfare reform: Deep political divisions exist about the appropriateness, not of the goal, but of the different means for achieving it. These disagreements reach inside welfare agencies.

Despite this finding that the pregnancy prevention objectives of the Personal Responsibility Act have so far had little effect on the bureaucratic behavior of welfare/job bureaucracies, there are grounds for expecting *personal* behavior in this area to change as a result of the Act, and indeed it may already be changing. TANF-aided family heads (most of them female, and many of them unmarried) face the new reality of time-limited cash assistance and serious requirements for work and participation in work-search and related activities. They have to participate in work-related activities for fixed amounts of time under negotiated "Personal Responsibility Agreements," that states require be signed and agreed to before a TANF cash-assistance case is opened. If there is a noncustodial parent, usually a male, there is now a new social dynamic: *"If he isn't required to do anything, why should I be; why shouldn't* ***he*** *be responsible too?"* Some state officials we have interviewed predict that this kind of attitude change and the resentment evoked by time-limited cash assistance ultimately will affect child-bearing behavior. Perhaps it already is, but it would seem that larger forces are also at work here — economic and technological. Determining causality in such a puzzling and off-limits policy area is a daunting task.

For public administration, the lesson is obvious. Changes in bureaucratic behavior are more likely to happen when there is a clear policy signal that is big enough to be widely noticed both within the pertinent political sub-system and in public opinion generally. But this may not be enough: *Change, when it occurs, does so more easily and widely when it is in line with the dominant social values.* In the case of the 1996 Personal Responsibility Act, which is a big, and clear signal, bureaucratic behavior is changing in one area and not another in a way that reflects the political correctness of one signal (the work signal) and not the other signal about pregnancy prevention.

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About the Authors

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